

SERFF Tracking Number: EVST-125685215 State: Arkansas
Filing Company: Everest National Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR-PL-20024086
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Professional Liability
Project Name/Number: Social Services Professional Liability/CW-PL-20020660

Filing at a Glance

Company: Everest National Insurance Company

Product Name: Professional Liability

SERFF Tr Num: EVST-125685215 State: Arkansas

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: EFT \$100

Made/Occurrence

Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Co Tr Num: AR-PL-20024086

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Vanessa King

Disposition Date: 06/12/2008

Date Submitted: 06/06/2008

Disposition Status: Filed

Effective Date Requested (New): 07/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 07/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Social Services Professional Liability

Status of Filing in Domicile: Pending

Project Number: CW-PL-20020660

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/12/2008

State Status Changed: 06/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are also revising our Professional Liability company exception rule pages to reference EDEC 227.

Company and Contact

Filing Contact Information

SERFF Tracking Number: EVST-125685215 State: Arkansas
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Vanessa King, Manager, Filing and Regulation vanessa.king@everestre.com
P.O. Box 830 (908) 604-3267 [Phone]
Liberty Corner, NJ 07938-0830 (908) 604-3546[FAX]

Filing Company Information

Everest National Insurance Company CoCode: 10120 State of Domicile: Delaware
477 Martinsville Road Group Code: 1120 Company Type:
P.O. Box 830
Liberty Corner, NJ 07938-0830 Group Name: Everest Re Group, State ID Number:
Ltd.
(908) 604-3000 ext. [Phone] FEIN Number: 22-2660372

SERFF Tracking Number: EVST-125685215 *State:* Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: The fee per rule filing is \$100.00.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Everest National Insurance Company	\$100.00	06/06/2008	20711446

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	06/12/2008	06/12/2008

<i>SERFF Tracking Number:</i>	<i>EVST-125685215</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Everest National Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-PL-20024086</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Professional Liability</i>		
<i>Project Name/Number:</i>	<i>Social Services Professional Liability/CW-PL-20020660</i>		

Disposition

Disposition Date: 06/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Everest National Insurance Company	0.000%	\$0		\$	0.000%	0.000%	0.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Rate	Company Exception Pages	Filed	Yes

<i>SERFF Tracking Number:</i>	<i>EVST-125685215</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Everest National Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-PL-20024086</i>		
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Rate Information

Rate data applies to filing.

Filing Method:	File and Use
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Everest National Insurance Company	0.000%	0.000%	\$0			0.000%	0.000%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Filed	Company Exception Pages	CEP-PL-AR-2	Replacement	AR-PL-20007148	CEP-PL-AR-2.pdf

COMPANY EXCEPTION PAGES

Everest National Insurance Company

Arkansas (03)

Professional Liability

Social Services Rates and Rules

CEP-PL-AR-2

Coverage Form

ed. 7/08

Provide coverage for social services professional liability with **Social Services Professional Liability Coverage Form EEO 00 523**. Coverage is provided for services performed for others to help individuals or families manage their lives. This includes but is not limited to counseling services. Use **Social Services Professional Liability Declarations EDEC 227** with this coverage form.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Comments:
Attachment: Transmittal-R.pdf
Review Status: Filed 06/12/2008

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp
Bypass Reason: NA
Comments:
Review Status: Filed 06/12/2008

Bypassed -Name: NAIC loss cost data entry document
Bypass Reason: NA
Comments:
Review Status: Filed 06/12/2008

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Everest Re Group, Ltd.				Group NAIC #	1120
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Everest National Insurance Company	DE	10120	22-2660372			

5. Company Tracking Number	AR-PL-20024086
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Vanessa King 477 Martinsville Road Liberty Corner, NJ 07938-0830	Manager	(908) 604-3267	(908) 604-3526	vanessa.king@everest re.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Vanessa King		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Other Liability
10. Sub-Type of Insurance (Sub-TOI)	Professional Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Social Services Professional Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 07/01/2008 Renewal: 07/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	6/6/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-PL-20024086
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:
Amount: \$100.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR-PL-20024086
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	AR-PL-20024085
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☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
	0.0%	0.0%	NA	62	152,773	NA	NA

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	NA	
5b	Overall percentage rate impact for this filing	NA	
5c	Effect of Rate Filing – Written premium change for this program	\$0.0	
5d	Effect of Rate Filing – Number of policyholders affected	62	

6.	Overall percentage of last rate revision	NA
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7.	Effective Date of last rate revision	11/1/2002-initial program
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	CEP-PL-AR-2	[] New [X] Replacement [] Withdrawn	AR-PL-20007148
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	